

Definitions and Required Verification Documents List

If you are requesting coverage for a dependent (spouse, domestic partner or child), the eligibility of the dependent must be verified before coverage will be approved. To verify a dependent's eligibility, submit the applicable required documents (see dependent types and required documents below).

The required documents must be provided to your department's HR Office:

New Hire: **Within 30 days of your date of hire**

Qualified Life Event, i.e. marriage, birth, etc.: **Within 30 days of the date of the life event**

Open Enrollment: **No later than the end of the Open Enrollment period**

If the required documents are not provided within this timeframe, coverage will not be approved and the next opportunity to enroll your dependents will be at the next annual Open Enrollment.

READ THIS ENTIRE VERIFICATION LIST BEFORE YOU ENROLL YOUR DEPENDENTS.

Checklist

- ☐ **Enroll your dependent(s) with an Enrollment and Eligibility Form.** The form can be obtained from your department's HR Office.
- ☐ **IMPORTANT: Retain a copy of the Enrollment and Eligibility Form for your records.**
- ☐ **Refer to the dependent types in the following chart.**
Identify the documents required.
- ☐ **Make copies of the required documents.**
Originals are NOT required.
- ☐ **Submit the required documents to your department's HR Office.**
Documents must be received within the timeframes illustrated above. Any questions regarding enrollment and eligibility should be directed to the Benefits and Wellness Office.

Address:

**City of Columbus - Benefits and Wellness
Office**
77 North Front Street, Ste. 101
Columbus, OH 43215
614-645-8624 8am - 5pm, M-F

Fax Number:

614-645-5940

Email Address:

healthycolumbus@columbus.gov

Website:

columbus.gov/HR-Employee-Benefits

SPOUSE AND DOMESTIC PARTNER

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Spouse	<p>Legal spouse of a covered employee</p> <p>Does not include:</p> <ul style="list-style-type: none"> - Ex-spouse - <i>Legally</i> separated spouse 	<p><u>One (1)</u> of the following OPTIONS:</p> <p>OPTION 1: Covered employee's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Marriage Certificate (court approved certificate or marriage abstract, not license) PLUS <u>one</u> of the following to show <u>current</u> joint tenancy:</p> <ul style="list-style-type: none"> - Proof of joint ownership of residence or other real estate; - Proof that covered employee and spouse are both listed on a lease or share the rent of a home or other property; - Joint ownership of a motor vehicle; - Designation of the spouse as a primary beneficiary of the covered employee's life insurance, or retirement benefits; - Utility bill listing both covered employee and spouse (or 2 separate utility bills at the same address, one listing the covered employee and one listing the spouse).
Domestic Partner	<p>A qualified domestic partner:</p> <ul style="list-style-type: none"> - must share a permanent residence with the covered employee; - is the sole domestic partner of the covered employee, has been in a relationship with the covered employee for at least six (6) months and intends to remain in the relationship indefinitely; - is not currently married to or legally separated from another person; - shares responsibility with the covered person for each other's common welfare; - is at least 18 years of age and mentally competent; - is not related to the covered employee by blood to a degree of closeness that would prohibit marriage; - is financially interdependent with the covered employee in accordance with the plan requirements. 	<p>Affidavit of Domestic Partnership</p> <p>PLUS</p> <p><u>Four (4)</u> of the following documents to show financial interdependency:</p> <ul style="list-style-type: none"> - Joint ownership of real estate property or joint tenancy on a residential lease; - Joint ownership of an automobile; - Joint bank or credit account; - Joint liabilities (e.g. credit cards or loans); - A will designating the domestic partner as primary beneficiary; - A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary; - A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another.

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Natural child (up to age 26)	<p>A natural (biological) child of the covered employee or domestic partner</p> <p>The domestic partner must be enrolled in order to enroll a natural child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee or the employee has legal guardianship of the child.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Birth Certificate of child</p>
		<p style="text-align: center;">OR</p>
		<p>If one of the OPTIONS above is not available (i.e., when adding a newborn), one (1) of the following:</p> <ul style="list-style-type: none"> - Hospital release papers on hospital letterhead - Footprints - Crib Card - Letter from physician or hospital on respective letterhead
Stepchild (up to age 26)	<p>A natural (biological) child of a covered employee's spouse, i.e. a stepchild of the covered employee</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the stepchild as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Birth Certificate of stepchild</p>
		<p>If submitting spouse's tax return or birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>
Child (up to age 26) for whom the employee, spouse or domestic partner is legal guardian.	<p>A child for whom legal guardianship has been awarded to the covered employee, spouse or domestic partner.</p> <p>The domestic partner must be covered in order to cover a child for whom the domestic partner has been awarded legal guardianship unless there is a legal relationship between the employee and the child, i.e. the employee has legal guardianship of the child as well.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee, spouse or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Court documents signed by a judge verifying legal custody of the child</p>
		<p>If submitting spouse's tax return or court documents of legal custody, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Adopted child (up to age 26)	<p>A legally adopted child of the covered employee, spouse or domestic partner, includes children placed in anticipation of a legal adoption</p> <p>The domestic partner must be covered in order to cover an adopted child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee as well or the employee has legal guardianship of the child.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee, spouse or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Court documents for the adopted child from a court of competent jurisdiction</p> <p>OPTION 3: International adoption papers from country of adoption</p> <p>OPTION 4: Papers from the adoption agency showing intent to adopt</p>
		<p>If submitting spouse's tax return, court documents or adoption papers, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>
Child (up to age 26) covered by a QMCSO	A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO).	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Court documents signed by a judge</p> <p>OPTION 2: Medical support orders issued by a State agency</p>

DISABLED DEPENDENT		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Disabled Dependent, age 26 or older	A dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.	<p>One of the required documents for the applicable dependent child definition type above. (See DEPENDENT CHILD section)</p>
		<p style="text-align: center;">PLUS</p>
		<p>Proof of Disability Beyond Limiting age Certification</p>

RESOURCES TO OBTAIN DOCUMENTS
<ul style="list-style-type: none"> - Birth Certificates & Marriage Licenses: http://www.odh.ohio.gov/vitalstatistics/vitalstats.aspx - Children born outside the United States: http://www.state.gov - Letters or Transcripts: call the school registrar's office to request a letter or transcript for schools, colleges, and universities.